

Outreach

DIVISION OF DEVELOPMENTAL DISABILITIES NEWSLETTER 2000

Visit our Website at <http://www.wa.gov/dshs/ddd/index.html/>

Director's Corner

Linda Rolfe

I would like to take this opportunity to introduce myself. I was appointed as Acting Director of the Division of Developmental Disabilities when Dr. Timothy Brown was promoted to Acting Assistant Secretary of the Health and Rehabilitative Services Administration. I look forward to working with our consumers, their families, advocates, and providers.

Through this newsletter we are trying to reach all consumers eligible for services from the Division of Developmental Disabilities (DDD) and their families. It contains information about supports and services provided by DDD.

DDD currently enrolls about 32,000 children and adults. 96% of these people live in the community, most with parents or relatives. Only 4% or 1130 people currently live in state Residential Habilitation Centers.

The budget for 2001-03 has been sent to the Governor. The Governor will submit the final state budget to the legislature. The legislature must make the final decision on state budgets for the 2001-03 biennium during the 2001 session. Included in this budget request are:

- Costs to carry-forward and maintain services, staff, and mandatory services;
- Reductions to achieve a target of 2% state fund reductions requested by the Governor;
- Increases for new services or staff.

Current budget information can be found at <http://www.wa.gov/dshs/budget/>.

Please read the newsletter and contact your case resource manager if you have questions. Let me wish you and your family the best during this holiday season and in the new year.

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our mission

The mission of the Division of Developmental Disabilities (DDD) is to endeavor to make a positive difference in the lives of people eligible for services, through offering quality supports and services that are: individual/family driven; stable and flexible; satisfying to the person and their family; and able to meet individual needs. Supports and services shall be offered in ways that ensure people have the necessary information to make decisions about their options and provide optimum opportunities for success.

For more information,
call Linda Johnson at
(360) 902-0200, or by email at
JohnsLS@dshs.wa.gov

The report can be viewed
on the DDD website at
www.gov/dshs/ddd

STRATEGIES FOR THE FUTURE STAKEHOLDER WORKGROUP

The DDD Strategies for the Future Stakeholder Workgroup (SWG) was established in 1997 by former DSHS Secretary Lyle Quasim “to develop recommendations on future directions and strategies for service delivery improvement, resulting in an agreement on the direction the Department should follow in considering the respective roles of the RHCs and the community programs, including a focus on the resources for people in need of services.”

The Stakeholder Workgroup is a team representing the interests of self-advocates, service providers, counties, labor, community advocates and RHC advocates. Each member participates with a dream and desire to see a fundamental change occur in the supports and delivery of services offered by DDD. The participation of self-advocates represents the interests of all citizens with developmental disabilities in the State of Washington. They provide valuable insight into how recommendations the Stakeholder Workgroup put forward affect their lives. This effort has brought people of different minds together to formulate a way by which choice and self-determination can empower the lives of individuals with developmental disabilities and their families.

In 1997 the SWG developed a strategic plan outline referred to as the “Agreement in Principle” which adopted a Choice and Self-Determination model to give self-advocates and their families/guardians more control over the resources necessary to meet their needs. Title 71A RCW, the section of law for DDD, was changed by the legislature in 1998 to provide this direction. A report to the legislature titled *The Strategies for the Future Long-Range Plan Report Phase I: 1999-2001*, described the approach the SWG and DDD would take to restructure the system using the choice and self determination model. Four workgroups consisting of over 120 people from across the state, met for 14 months to give their perspectives, skills and passions to building a better system.

Each workgroup looked at critical needs in the current system and made recommendations for changing the system in the future. Some of these recommendations will be piloted to try out the principles of Choice and Self-Determination based on individual budgets and an individual planning process. Overall, the new system will empower the individual and family to control their supports and ensure that their individual needs are being met.

The recommendations from the four workgroups, the next steps and issues that still need to be worked on by the SWG, will be published in the Strategies for *The Future Long-Range Plan Report Phase II: 2001-2003* due to the legislature December 2000.

WHAT IS "QUALITY ASSURANCE"

"Quality Assurance" refers to activities taken by DDD to oversee the health and safety of persons receiving DDD services. In addition to paying for services, DDD wants to be sure that people are being served well and are satisfied with their services and service provider. Currently the following quality assurance activities occur:

- Certified DDD contracted residential programs are evaluated at least once every two years by non-DDD employees.
- Counties evaluate and certify county day programs
- DDD Quality Improvement (QI) case/resource managers oversee adult family homes.
- Contracted RNs visit each Medicaid Personal Care recipient annually or more often.

Residential Habilitation Center (RHC) and Community Intermediate Care Facility for the Mentally Retarded (ICF/MR)s are inspected and certified by AASA ICF/MR survey team annually.

Since 1998 DDD has been working with the Stakeholder Workgroup (SWG) to discuss better ways of providing services for persons with developmental disabilities and their families. Central to any new system design is "quality of life". The SWG studied and evaluated new and old systems of quality assurance in an effort to do everything possible to assure the health and safety of people receiving services.

The legislature appropriated funding to develop a "pilot" in one region to test out new ways of doing quality assurance. This pilot will be specific to adults living by themselves and receiving in-home services from individuals contracted with DDD. These individuals will be selected from Kitsap and Pierce Counties.

The project has two phases:

1. By the end of year 2000, DDD will mail a questionnaire to all adults in these two counties who live alone and receive individual provider services. DDD will be available to assist persons with completing these questionnaires. Based on the responses we receive, DDD will identify 50 people whose sole support is the paid provider.
2. With the permission of the person/legal representative, the DDD Quality Assurance case/resource manager, accompanied by one or two community volunteers and/or self-advocates, will visit the person and assist him/her to evaluate the services being provided.

Information received from these questionnaires and visits will assist DDD and the SWG in developing a statewide system of QA for all persons receiving DDD services.

For further information about this pilot, call Janet Adams at 902-0262 or email at AdamsJE@dshs.wa.gov

Do you have concerns about your baby's development?

Call this number and ask for the name of the Family Resources Coordinator in your area.

Healthy Mothers, Healthy Babies Hotline at:

1-800-322-2588

TTY 1-800-833-6388

ITEIP (360) 902-8488

Or visit the ITEIP WEB Site at:

www.wa.gov/dshs/iteip/iteip.html

INFANT TODDLER EARLY INTERVENTION PROGRAM (ITEIP)

ITEIP assists families who have concerns about the development of their infant or toddler, age birth to three. A Family Resources Coordinator (FRC) is available in each geographic area of the state to help families learn more about their child's development and how to access early intervention services.

Natural Environments

To the maximum extent appropriate, early intervention services are to occur in natural environments. "Natural environments" are home and community settings that are natural or normal for the child's age peers who have no disabilities.

The reauthorization of the Individuals with Disabilities Education Act (IDEA) in June 1997 included language that strengthened early intervention service provision in natural environments.

During the past year, ITEIP has provided several opportunities for parents, contractors and service providers to learn more about services in natural environments. An Ad Hoc Committee on natural environments was formed. Membership reflects the state's diverse family, service provider and geographic perspectives.

The committee has met monthly since October 1999 to develop service delivery guidelines, identify training and technical assistance strategies and explore service delivery models. The ITEIP contact for the Ad Hoc Committee is Karen Walker (360) 902-8495 or walkeKJ@dshs.wa.gov.

MEDICALLY INTENSIVE HOME CARE PROGRAM

The Medically Intensive Home Care Program (MIHCP) is a program of in-home private duty nursing services and medical equipment for children with medically intensive needs. The program is paid through the Medical Assistance Administration (MAA) and jointly administered by DDD and the MAA.

Referrals to the program usually come from hospitals and physicians. Most of the children are transferred to this in-home program from intensive care units in hospitals. Children qualify for in-home if they are Medicaid eligible and require nursing care (i.e., ventilator assistance, tracheotomy care, total parenteral nutrition or variation, or peritoneal dialysis).

Private duty nursing services range from 24 hours per month to 24 hours per day; the average amount is 10.8 hours per day. While the average cost of hospital care is \$18,000 month, the average cost for this in-home nursing care is \$9800 month.

158 children are currently being served and 535 have been served since 1983. Of these, 397 were served in their parent's home; 14 in a relative's home; and 124 in foster care.

It is the belief of parents, physicians, and nurses that the children have been healthier and progressing better developmentally since being at home. If you want more information about this program, please contact your case resource manager.

For more information, call Chuck Howard at (360) 902-8469 or by email at HowarCW@dshs.wa.gov

FAMILY SUPPORT

Family Support Opportunity (FSO) provides a range of services in a very flexible manner to families supporting a child or adult with developmental disabilities. Services include:

- Case management and service coordination.
- Community Guides: Assistance and planning with a person knowledgeable about local services who can assist with connecting the family to available resources in the community.
- An annual allocation up to \$1,300 for short-term intervention services such as respite care, therapies and other specialized service or equipment.
- Access to Medicaid Personal Care for Medicaid eligible children and adults for in-home personal care support.
- Emergency services and funding usually available for critical need situations.

During the past year, 1800 families were supported through Family Support Opportunities. Additional funding by the legislature will allow DDD to serve an additional 1,000 families currently on the waiting list by June 30, 2001.

If your son or daughter with a developmental disability lives with you and you need additional support, ask your case resource manager to add your son or daughter's name to the waiting list for Family Support Opportunity. Both children and adults living with their families can qualify for this service. For further information call Rita Dickey at (360) 902-8451 or dickerm@dshs.wa.gov

DDD'S VOLUNTARY PLACEMENT PROGRAM (VPP)

DDD's VPP program, established in 1998, is based on the concept of a shared parenting arrangement between the birth or adoptive parent and the licensed foster care provider.

Prior to placement, the parents and DDD enter into a mutually agreed upon Voluntary Placement Agreement (VPA), which outlines the ongoing involvement and responsibilities of the birth/adoptive parents. DDD then assists in locating an appropriate licensed foster care or group care provider, provides the specialty training, and monitors the placement with quarterly in-home visits. Some families choose to transition their child back home and others remain involved in a shared parenting plan until the child transitions into adult services.

For further information, please contact Linda Gil at (360) 902-8440 or by email at GILL@dsht.wa.gov

As of June 2000, 610 children were in the VPP program:

Foster care	307
Group care	67
Other residential	74
In-home services	84



For further information about MPC, talk with your case resource manager.

MEDICAID PERSONAL CARE (MPC)

What is Medicaid Personal Care or MPC?

MPC is a program that provides personal care support to children and adults who:

- Are Medicaid eligible under the Categorically Needy Program (CNP);
- Require more personal care support than others of the same age due to a handicapping condition; and
- Are assessed by DDD as having an unmet need.

About 8000 children and adults receive MPC through the DDD. Aging and Adult Services authorizes MPC to more than 6000 adults. Children's Services authorizes MPC to eligible children in their own home and foster care who are not eligible for DDD services.

What services are provided through MPC?

MPC provides assistance with tasks such as dressing, toileting, bathing, and eating as well as meal preparation, laundry, necessary shopping, and supervision.

Where can services be provided?

MPC is provided in the person's residence/ home, adult family homes and adult residential centers. The provider can deliver these same MPC task supports in the community if approved by DDD and written into the service plan.

Who can be a personal care provider?

The person/family can select an individual provider under contract with DDD or a licensed home health agency under contract with DDD. Any person can be contracted as an individual provider as long as the person is at least 18 years of age and meets the provider qualifications in program rules (WAC 388-71-0500 through 0560).

Can parents be the paid MPC provider for their own child?

Yes if their child is at least 18 years of age. This is a Medicaid program and federal Medicaid rules prohibit payment to parents for the care of their own minor children (under the age of 18).

What is the wage rate and allowable hours for MPC?

In-Home Providers	Hourly Rate	Hourly Limit	Monthly Limit
Individual	\$7.18	144	\$1033.92
*Shared Living	\$7.18	96	\$689.28
Agency	\$12.62	112	\$1413.44
*Shared Living	\$12.62	96	\$1149.12

*Applies to adult clients with parent providers who share the same household and to children age 17 or younger living with natural/step/adoptive parents.

1ST ANNUAL CAREGIVER RECOGNITION AWARDS SYMPOSIUM

On September 11, 2000, DDD sponsored a Caregiver Symposium at Bellevue Community College. The symposium honored eight caregivers for their outstanding service to help families and individuals live happy and productive lives.

Honorees included both individual providers and employees of Home Health Agencies: Donna Lewis of Yakima, Aurora Sanchez of Pasco, Barb Hilty of Clarkston, Kirsten Jennes of Bellingham, Julieanne Perkowsky of Kent, Scott Sloan of Tacoma, April Smith of Kennewick, and Denise Warden of Kirkland.

"All of these outstanding caregivers go the extra mile and make the genuine connection with a person that really counts," said Linda Rolfe, Acting Director of DDD.

Peter Rieke, the mountain climber with disabilities who completed a successful ascent of Mt. Rainier earlier this year, was the speaker and presenter on provider training and recruitment, long-term support services, and planning for the future.

The plan is to have annual events to recognize and honor our outstanding caregivers who make it possible for thousands of children and adults with disabilities to remain in their homes and communities.



For more information, talk to
the MPC Coordinator in your
region.

ADULT FAMILY HOME RATE PARITY ACHIEVED

As of July 1, 2000 a new four level payment structure was implemented for all DSHS persons living in adult family home (AFH) and adult residential centers (ARC). This means that AFH providers will be paid the same rate for persons with developmental disabilities as for persons funded through Aging & Adult Services.

The Comprehensive Assessment (CA) was revised to include additional elements and the assessment determines four levels of care that correspond to levels of payment. The CA elements addressed in the four level payment methodology are:

- Activities of daily living
- Speech, Sight, Hearing
- Medication Administration
- Continence and all related sections
- Orientation
- Short and Long Term Memory
- Impaired Judgment
- Wandering
- Anxiety Indicators and all the additional Disruptive Behaviors in the enhanced sections of the CA.

The total daily rates for AFHs and ARCs, which is comprised of the room and board and personal care rates, differ by geographic area (King County, Metropolitan Co., Non-Metropolitan Co.) and by level of care. The range is from \$41.19 - \$72.90 per day (\$1252 - \$2216 per month). This is an increase of at least \$252 per month for DDD. It is hoped that adults with developmental disabilities will now have more opportunities and provider choices when searching for an adult family home.

LAPTOP COMPUTER PILOT

At your next Medicaid Personal Care assessment, your case/resource manager may bring along a laptop computer. Aging and Adult Services (AASA) has been using laptop computers for the home visits for several years. DDD is interested in finding out how best to integrate new portable technology into our daily work.

Because the Comprehensive Assessment used for adults receiving Medicaid Personal Care (MPC) is only available by computer, DDD has been unable to take full advantage of the computerized assessment program. DDD has had to complete the assessment on paper then input the information into the computer after returning to the office. Not only is this double work for the case manager, but families/individuals have to wait to see a completed copy of their assessment and service plan.

Over the summer, DDD purchased 18 sets of laptops, printers, and scanners. Three case/resource managers from each region volunteered and were trained to use the laptop and other equipment. These 18 pilot volunteers will do as much of their case management functions as possible on this laptop from September through January. By the end of January, DDD expects to have enough experience and information to make some decisions.

So if your case resource manager shows up at your home with a laptop computer in tow, ask questions and give suggestions and feedback. We want to know how this works for you.

For more information, talk to
the MPC Coordinator in your
region.

COMMUNITY RESIDENTIAL SERVICES FOR ADULTS

DDD provides residential supports to adults living in the community in a variety of ways and in a variety of settings. The goal of every residential service is to assist people to live as independently as possible, to be safe and healthy, treated with respect, and provided with opportunities for choice, relationships, and integrated activities.

Facility based services: 1800 adults live in licensed settings where the provider owns the home and cares for two or more unrelated adults. These settings are licensed by Aging and Adult Services (AASA) and provide 24-hour supervision and support services.

- **Adult Family Homes:** Licensed and contracted by AASA and certified as DDD Specialty Homes. Other non-DDD residents may live in the home.
- **Adult Residential Care:** Licensed boarding homes with 7 or more adults.
- **DDD Group Homes:** Licensed as adult family homes or boarding homes and contracted with DDD to provide support and training to only DDD adults.

Non-Facility based services: 2800 adults receive supportive living residential services from DDD in the following programs:

- Supportive Living (SL)
- Intensive Tenant Support (ITS)
- Regular Tenant Support (TS)
- Alternative Living (AL)

These agency providers are contracted and certified by DDD to provide residential support and training to adults in their own rented/owned home. The intensity of staff support varies according to each person's needs and can be as little as a few hours a month up to twenty-four hours per day.

Services for Persons Living with Older Families

In the 1999 Outreach newsletter, DDD reported on funding received to provide services to 51 adults living with and receiving support from elderly parent caregivers. By June 2000, all 51 persons were being served outside of their parents' home with supportive living services and day programs. While DDD continues to prioritize the needs of this population and serve them as funding is available, no additional funding has been appropriated for the remainder of the 1999-01 biennium and none is anticipated for the upcoming 2001-03 biennium.



**For more information call
your case manager.**

For more information about
Employment Services call
Mike Ahern at (360) 902-0259
or by email at
AhernMR@dshs.wa.gov

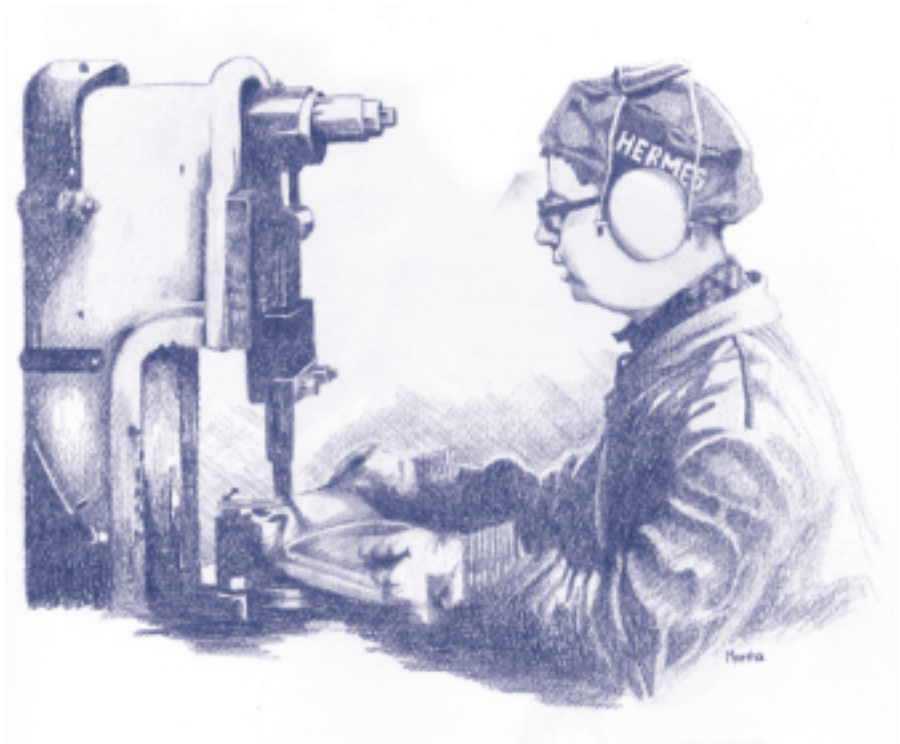
COUNTY DAY PROGRAM SERVICES

DDD contracts with county governments to provide day program services to both adults and children. Adult-oriented programs include:

- (1) **Individual Supported Employment**, helps individuals find and keep jobs in the community. In June 2000, 1,739 people were earning an average monthly wage of \$710 at an average of 93.4 hours per month.
- (2) **Group Supported Employment**, enables individuals to work in groups or enclaves at local businesses. In June 2000, 992 people were earning an average monthly wage of \$318 at an average of 85 hours per month.
- (3) **Prevocational Employment / Specialized Industries**, provides employment in training centers as of June 2000, 1187 people were earning an average monthly wage of \$141.50 at an average of 82 hours per month.
- (4) **Community Access**, emphasizes development of personal relationships within the individual's local community. There are currently 1587 people who are participating at an average of 26 hours per month.

Current reports show that over half of the people receiving county day program services earn wages in supported employment (individual and group). This is the highest percentage in the nation and confirms DDD's support for wage earning employment.

DDD also funds Child Development services through county contracts. These services provide specialized therapeutic or educational services for pre-school children age birth to 3 years and their families in order to maximize the child's development and to enhance parental support of the child.



EMPLOYMENT OPPORTUNITIES

High School Transition Services

We all recognize that upon graduation from high school at age 21, transition into employment and day programs is essential. The legislature has provided funding for transition services since the early 1990s. During the 1999-01 biennium, DDD provided funding to counties for the employment and training of 1027 young adults with developmental disabilities graduating from high school and expects continued support from the legislature for those students graduating in 2001 and 2002.

Funding for Unserved Adults

DDD was provided funding to provide day program services to 60 people between September 1999 and March 2000. The counties were actually able to serve 73 new people.

State Employment Initiative

In July 1997, the state legislature created a program to encourage employment for persons with developmental disabilities in state government. DDD provides the needed on-the-job training and long-term support that enables these persons to be successfully employed. More than 80 persons with developmental disabilities have been hired by state agencies so far.

Ticket to Work Incentives Improvement Act of 1999 (TWWHA)

This federal legislation "improves access to employment training and placement services for people with disabilities who want to work" says the federal Health Care Financing Administration (HCFA). DSHS has applied for a grant from HCFA to implement work incentives.

One of these incentives would be a Medicaid buy-in plan for disabled workers who earn too much money to be Medicaid eligible. There will be a study to reveal the number of state residents this program may assist and at what cost. For more information, go to HCFA's web page at <http://www.hcfa.gov/medicaid/smd82900.htm>

For more information about
Supported Employment in
State Government call Gregg
Anderson at (360) 902-8457
or by email at
AnderGF@dshs.wa.gov

RHC RESPITE

Residential Habilitation Centers (RHCs) have provided respite for 284 adults this past year.

RHCs in Medical Lake, Yakima, Seattle, Bremerton and Buckley are home to 1126 persons with developmental disabilities. While 1998 legislation restricts permanent admissions to RHCs, DDD was directed to use available vacancies for respite care for adults living in the community and for adolescents by exception.

DDD has 26 beds for respite use up to a maximum of 30 days per person. Fircrest School was recently able to provide respite for up to 10 people because of existing vacancies in addition to its respite beds. Below is the total unduplicated count of people served and the total number of respite days at each RHC from July 99 through June 2000:

	People Served	Total Respite Days
Fircrest	98	3348
Rainier	46	1236
Lakeland	40	872
Frances Haddon Morgan	29	601
Yakima Valley	71	2993
Total	284	9050

For more information, talk to
your case resource manager
or call the RHC in your area.

Information about the Core Indicators Project is available on the HSRI web site at www.hsri.org/manage/core.html. Local results will soon be available on the DDD web site at www.wa.gov/dshs/ddd/index.html. For additional information, call Lisa Weber at (360) 902-0266 or email at WeberLA@dshs.wa.gov

CORE INDICATORS PROJECTS

DDD is participating in a national study that assesses performance and outcome indicators for state developmental disabilities service systems. This study will allow the division to compare its performance to service systems in other states.

The National Association of State Directors of Developmental Disabilities Services (NASDDDS) sponsors and conducts the project in partnership with the Human Services Research Institute (HSRI: Cambridge, MA). Each state participates by conducting in-person interviews directly with consumers, mailing surveys to families and providers, and producing data about our service system.

This is Washington State's second year of participation. In our state, data collection will alternate between adult and child consumers each year so the division will have time to carefully review the previous year's results. Your feedback is very important to us!

Last year, over 5,700 adult consumers, families, and providers were asked to participate in a survey or interview. This year, approximately 2,200 families of consumers under the age of 18 and providers will be asked to participate. If you are asked to participate, we hope you will have time to take part in this study. Thank you for your help!

DDD AND MENTAL HEALTH COLLABORATIVE WORK CONTINUES

Providing services to individuals with developmental disabilities who are diagnosed with mental illness and/or severe challenging behaviors is both a state and national issue.

The 2000 legislative session provided funding to support the first two phases of a collaborative DDD/MHD Work Plan described below.

- Phase 1: Improves current services at Western and Eastern State Hospitals and increases collaboration between DDD and Mental Health.
- Phase 2: DDD is developing/enhancing community services to improve crisis prevention and response, and increase residential placement and long-term support for persons with developmental disabilities and significant mental health or behavioral issues.

Phase 3, the final phase, is not yet funded. DDD is preparing a comprehensive report to the Legislature on Phase 3 treatment program options. The report will be available in December 2000.

For additional information or a copy of the current plan, please contact Cheryl Strange, DDD at (360) 902-0260 or by email at StranCE@dshs.wa.gov

ASSESSING NEEDS OF PERSONS WITH TRAUMATIC BRAIN INJURIES

Do you know of someone with a traumatic brain injury?

The Brain Injury Association of Washington and the DSHS Traumatic Brain Injury Project are conducting a needs assessment of persons with traumatic brain injuries and their families. The needs assessment findings will form the basis for an action plan aimed at improving the services available to people with traumatic brain injuries.

If you or someone you know would like more information about brain injuries, or would like to complete a needs assessment survey, please contact the Brain Injury Association of Washington at (800) 523-5438 or via the internet at www.biawa.org.

This project is funded by a federal grant from the Health Resources and Services Administration.

**For more information,
contact the Brain Injury
Association of Washington at
(800) 523-5438 or via the
Internet at www.biawa.org**

WHAT IS A "WAC"

WAC is the abbreviation for Washington Administrative Code. WACs are the rules that govern DSHS programs. WAC implements laws (i.e., Revised Code of Washington or RCW).

In an effort to reduce and simplify government, all DSHS programs were directed to put their program rules (WAC) in one place: Chapter 388. As a result, DDD's WACs were transferred from Chapter 275 to Chapter 388 last year.

Chapter 388-820 WAC: *Community Residential Services and Support*

Chapter 388-825 WAC: *Developmental Disabilities Services Rules*

Chapter 388-830 WAC: *DDD Program Options Rules*

Chapter 388-835 WAC: *ICF/MR Program and Reimbursement System*


Chapter 388-840 WAC: *Work Programs for Residents of RHCs (Residential
Habilitation Centers)*

Chapter 388-850 WAC: *County Plan for Developmental Disabilities*

DDD also authorizes services administered by other DSHS programs. As an example, Medicaid Personal Care rules are in Chapters 388-15 and 388-71 WAC and Adult Family Home licensing regulations are in Chapter 388-76 WAC. You can find additional information on Aging and Adult Services at <http://www.aasa.wa.gov>.

**You can view the DDD WACs
online at:**

www.wa.gov/dshs/dockets/wacidx.html



For more information,
call Linda Johnson at
(360) 902-0200, or by email at
JohnsLS@dshs.wa.gov

• State Advisory Committee “SAC”

• The “SAC” is the division’s State Advisory Committee. This committee provides input and considered advice to the Director of DDD to ensure and enhance the quality of life for people with developmental disabilities.

• The “SAC” consists of 24 individuals with developmental disabilities or parents of individuals with developmental disabilities. Members are from every part of Washington State and represent a wide variety of individual (not organizational) experiences and viewpoints. They share responsibilities for setting agendas and managing committee business.

• The “SAC” meets at least six times per year in SeaTac (near the airport) or in Olympia (during the months that the Legislature is in session). DDD covers the members’ costs for any required travel, lodging, or meals. Member terms are for three years and a maximum of two consecutive terms.

• If you are interested in applying to be a SAC member, please contact Linda Johnson.

Informative Internet Sites

You might find useful information regarding resources and services on the following sites:

Address:	Website:
www.access.wa.gov	Access Washington
www.wa.gov/dshs	The “front door” to all DSHS services
www.wa.gov/dshs/ddd	The direct route into DDD services and information
www.awrd.org	Access Washington Resource Directory
www.slc.leg.wa.gov/	Washington state laws (RCW), rules (WAC), and other legislative information
www.firstgov.gov/	Federal Government Agencies
www.esd189.wednet.edu/Specwer/autism.html	The Autism Outreach Project

DDD Publications*

The following brochures are available through your local DDD office.

Publication Title	Publication Number
Who, What, Where, How: DDD Supports and Services	DSHS 22-722(x)
Who, What, Where, How: DDD Adult Family Homes	DSHS 22-442(x)
DDD Voluntary Placement Foster Care Program: Who, What, Where, How for Providers	DSHS 22-343(x)
DDD Foster Care - Questions Kids Ask?	DSHS 22-344(x)
Family Support Opportunity - DDD	DSHS 22-264(x)
Federal Benefits and State Services	DSHS 22-435
Frances Haddon Morgan Center	DSHS 22-979
Frances Haddon Morgan Center Respite Care	DSHS 22-401(x)
Developmental Disabilities - Provider Information	DSHS 22-334
Opportunities for Choice	DSHS 22-304
Oral Hygiene Guidelines	DSHS 22-335
Rainier School Respite Care	DSHS 22-406(x)
Yakima Valley School Respite Care	DSHS 22-262(x)

The following brochures are available by request from the Healthy Mothers, Healthy Babies Hotline: (800) 322-2588

Publication Title	Publication Number
A Family's Guide to Early Intervention Services in Washington State	DSHS 22-114
Birth to Six Prescreen Chart	DSHS 22-642
Mediation for Early Intervention Services	DSHS 22-340
Parent's Rights - Washington State Infant Toddler Early Intervention Program for Children Birth to Three with Disabilities and Their Families	DSHS 22-091
Please Ask - Babies Can't Wait	DSHS 22-889

*Many publications are available in languages other than English; please ask.

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